

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000063466

**Entity Name:** ROCKIN S BAR, INC

**Current Principal Place of Business:**

1514 WALTER GREER RD  
LABELL, FL 33935

**FILED**  
**Feb 11, 2015**  
**Secretary of State**  
**CC5755883385**

**Current Mailing Address:**

4331 MOURNING DOVE DR.  
NAPLES, FL 34119 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EPIFANIO, JOE  
4331 MOURNING DOVE DR.  
NAPLES, FL 34119 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SODREL, NOAH  
Address 1514 WALTER GREER RD  
City-State-Zip: LABELL FL 33935

Title VP  
Name EPIFANIO, JOE  
Address 4331 MOURNING DOVE DR.  
City-State-Zip: NAPLES FL 34119

Title D  
Name SODREL, TAMMY  
Address 1514 WALTER GREER RD  
City-State-Zip: LABELL FL 33935

Title D  
Name EPIFANIO, ALLY  
Address 4331 MOURNING DOVE DR.  
City-State-Zip: NAPLES FL 34119

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOE EPIFANIO

VP

02/11/2015

Electronic Signature of Signing Officer/Director Detail

Date